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FACSIMILE TRANSMISSION COVER SHEET

DATE: March 5, 2008

TO:
 Examiner Maury A. Audet
 Group Art Unit 1654
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

RE:
 U.S. Patent Application No. 10/602,035
 For: METHODS FOR PREVENTING ADHESION FORMATION
 USING PROTEASE INHIBITORS
Our Ref.: CPR-00101.P.1-US (3190-104)

FROM: Luke A. Kilyk, Esq. 

FAC. TEL. NO.: 1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 24

Items Attached: Amendment -- 15 pages
 Supplemental Information Disclosure Statement -- 2 pages
 PTO/SB/08b -- 1 page
 Cited Documents -- 3 pages
 Fee Transmittal -- 1 page
 Credit Card Payment Form -- 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on March 5, 2008.

Kim Blum
 Name


 Signature

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2008

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known	
Application Number	10/602,035
Filing Date	June 23, 2003
First Named Inventor	Mizuo MIYAZAKI
Examiner Name	Maury A. Audet
Art Unit	1654
Attorney Docket No.	CPR-00101.P.1-US (3190-104)

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number	50-0925
Deposit Account Name	Kilyk & Bowersox, P.L.L.C.

The Director is authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	310	2011	155	Utility filing fee	
1012	210	2012	105	Design filing fee	
1013	210	2013	105	Plant filing fee	
1014	310	2014	155	Reissue filing fee	
1005	210	2005	105	Provisional filing fee	

**SUBTOTAL (1) (\$)
0.00**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**=	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3**=	X	=	
Multiple Dependent		X	=	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	50	2202	25	Claims in excess of 20	
1201	210	2201	105	Independent claims in excess of 3	
1203	370	2203	185	Multiple dependent claim, if not paid	
1204	210	2204	105	**Reissue independent claims over original patent	
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2) (\$)
0.00**

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701
Signature				Date	March 5, 2008

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